

DECEDENT		1a. FIRST NAME Joshua		1b. MIDDLE NAME Wayne		1c. LAST NAME Easter		1d. SUFFIX		1e. LAST NAME PRIOR TO MARRIAGE			
2. SEX		3. AGE LAST BIRTHDAY (Y/M/D)		3. UNDER 1 YEAR		3. UNDER 1 DAY		4. DATE OF BIRTH (Month/Day/Year)		5. BIRTHPLACE (Country/State or Foreign Country)			
M		42						April 8, [REDACTED]		Guilford, NC			
6. PLACE OF DEATH (Check only one)		7a. IF DEATH OCCURRED IN A HOSPITAL		7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL		8. DATE OF DEATH (Month/Day/Year)							
<input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA		<input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				October 5, 2016							
9. MARITAL STATUS		10. SURVIVING SPOUSE (If wife, give name prior to first marriage)		11. US ARMY ID NUMBER		12. COUNTY OF DEATH		13. KIND OF BUSINESS/INDUSTRY (If)					
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Married but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		Amanda Sue Hicks				Stokes		Disable					
14. SOCIAL SECURITY NUMBER		15. RESIDENCE-STATE OR FOREIGN COUNTRY		16. COUNTY		17. CITY OR TOWN		18. ZIP CODE		19. WAS DECEDENT EVER IN U.S. ARMY FORCED?			
[REDACTED]		North Carolina		Stokes		Disable		27042		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
20. STREET AND NUMBER		21. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death)		22. DECEDENT'S HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check this "No" box if decedent is not Spanish/Hispanic/Latino)		23. DECEDENT'S RACE (Check one or more boxes to indicate what the decedent considered himself or herself to be)		24. DECEDENT'S ETHNICITY (Specify)		25. WAS DECEDENT EVER IN U.S. ARMY FORCED?			
[REDACTED]		<input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LL.D., JD)		<input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		<input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal line) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify)		Native Hawaiian or Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
26. FATHER'S NAME (First, Middle, Last)		27. MOTHER'S NAME (First, Middle, Last)		28. RELATIONSHIP TO DECEDENT		29. PLACE OF DISPOSITION (If not in a cemetery, specify)		30. LOCALITY (City or town and state)		31. LICENSE NUMBER			
Joseph Easter		Hilda Louis		Wife		Guilford Cremation Service		Greensboro, NC		FD 3862			
32. NAME AND ADDRESS OF FUNERAL HOME		33. SIGNATURE OF FUNERAL DIRECTOR		34. LICENSE NUMBER		35. NAME OF EMBALMER		36. LICENSE NUMBER		37. DATE REGISTERED BY STATE			
BURROUGHS FUNERAL HOME PO BOX 471 WALNUT COVE, NC 27052		[Signature]		210		NOT Embalmed		210		10/5/16			
38. PART I: Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE.		39. IMMEDIATE CAUSE (Final disease or condition resulting in death)		40. SEQUENTIALLY LIST CONDITIONS, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		41. PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in PART I		42. WAS AN AUTOPSY PERFORMED?		43. WERE A TOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?			
Car accident		Pneumonia		HYPERTENSION				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
44. MEDICAL EXAMINER'S PERMIT		45. WAS CASE REFERRED TO MEDICAL EXAMINER?		46. TIME OF DEATH (Approximate)		47. DID TCS OCCUR? (Contribute to death)		48. IF FEMALE, IF PREGNANT AT TIME OF DEATH		49. IF TRANSPORTATION INJURY, SPECIFY			
[REDACTED]		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		10:36 AM		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown <input type="checkbox"/>		Not pregnant at time of death <input checked="" type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant <input type="checkbox"/>		Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
50. DATE PRONOUNCED (Month/Day/Year)		51. DATE OF INJURY (Month/Day/Year)		52. TIME OF INJURY		53. INJURY AT WORK?		54. PLACE OF INJURY - at home, farm, street, factory, office, building, etc.		55. IF TRANSPORTATION INJURY, SPECIFY			
[REDACTED]		[REDACTED]		[REDACTED]		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		[REDACTED]		Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
56. DESCRIBE HOW INJURY OCCURRED		57. CERTIFIER (Check only one)		58. SIGNATURE AND TITLE OF CERTIFIER		59. NAME AND ADDRESS OF CERTIFIER (Print legibly)		60. LICENSE NUMBER		61. DATE REGISTERED BY STATE			
[REDACTED]		<input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated		[Signature]		Jan Kriska, M.D. 905 Rockford Street Mount Airy, NC 27030		97-01018		10/5/16			
62. REGISTRAR		63. DATE CORRECTED (Month/Day/Year)		64. DATE AMENDED (Month/Day/Year)		65. DATE FILED (Month/Day/Year)		66. ITEM(S) CORRECTED		67. ITEM(S) AMENDED			
[Signature]		[REDACTED]		[REDACTED]		Oct 6, 2016							

Birth Certificate
Death Certificate
Volume

This is to certify that this is a true and correct reproduction of the official record filed in this office.

Witness my hand and official seal
this 10th day of

Oct 2016

Kathy Young, Register of Deeds Stokes County
By: [Signature]
Deputy/Assistant Register of Deeds